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**\*\* CONTINUING DATA \*\*\*\*\***

*no* This application is a ~~CON~~ <sup>CIP</sup> of 29/117,520 01/26/2000 PAT D,449,887

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*no* none

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/16/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

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**TITLE**

Trocar system having shielded trocar

<b>FILING FEE RECEIVED</b> 620	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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